



ADULT STUDENT REGISTRATION FORM

YOUR PROGRAM NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE, ZIP CODE

CONTACT NUMBERS

EMAIL OR WEB ADDRESS

RELEASE OF INFORMATION

By participating in this local, state, and federally sponsored Adult Education program, I agree to the release of my information, including social security number, if provided, to the Virginia Department of Education (VDOE). **Required information for learner participation is indicated with an asterisk (*).** This information may be used for research and analysis purposes during this year or future years. VDOE and the local program provide security for this information. Unless otherwise noted, only VDOE or the local program will have exclusive access to this information.

Signature _____ Date _____

DEMOGRAPHIC INFORMATION (PLEASE PRINT CLEARLY)

REGISTRATION DATE* _____ Social Security Number _____

DATE OF BIRTH* _____

RELEASED FROM COMPULSORY ATTENDANCE* ☐

(Required for anyone under 18 – official documentation must be provided)

LAST NAME* _____

FIRST NAME* _____

MIDDLE NAME/INITIAL* _____

Address _____

Address _____

Apt. # _____

City/County _____

State _____

ZIP CODE* _____

AREA (Check One)* Rural ☐ Urban ☐

Home Phone _____

Work Phone _____

Other Phone _____

Email Address _____

LAST GRADE COMPLETED* _____

Country of Origin _____

How did you hear about the program? _____

GENDER (Check One)*

☐ Female

☐ Male

ETHNICITY (Check One)*

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American (non-Hispanic)

☐ Hispanic or Latino

☐ Native Hawaiian or Other Pacific Islander

☐ White (non-Hispanic)

EMPLOYMENT STATUS (Check One)*

☐ Employed

☐ Unemployed (in labor force)

☐ Unemployed (not in labor force)

CURRENT STATUS (Check All that Apply)*

☐ Community Correction Program

☐ Correctional Facility

☐ Disabled

☐ Homeless

☐ On Public Assistance

☐ Low Income Status

☐ Displaced Homemaker

☐ Single-parent Status

☐ Dislocated Worker

☐ Learning Disabled Adult

DOE AND LOCAL USE ONLY

Student No. _____

Exit Date _____

PROGRAM
TYPE

☐ Distance Learning

☐ EL/Civics

☐ Family Literacy

☐ Fast Track GED

☐ Other Institutional Setting

☐ Workplace Literacy

☐ GAE

PAYMENT INFORMATION (If Applicable)

DATE	AMOUNT	TYPE	NUMBER

TYPE: 1 – CASH; 2 – CHECK; 3 – CREDIT CARD;
4 – MONEY ORDER; 5 – OTHER

STUDENT LEARNING PLAN

STUDENT NAME _____ STUDENT No. _____

My goals for attending include the following:

The strategies I will take to complete my goals include:

The resources I need to complete my goals include:

The way(s) I will demonstrate completing my goal(s):

GOAL INFORMATION – DOE USE ONLY	DATE		
PRIMARY NRS	SET	TARGET	MET
<input type="checkbox"/> Increase Educational Functioning Level			
<input type="checkbox"/> Obtain GED * <input type="checkbox"/> Scores on File <i>(met only)</i>			
<input type="checkbox"/> Adult H.S. Diploma			
<input type="checkbox"/> EDP Credential			
<input type="checkbox"/> Place in Post-secondary Education **			
<input type="checkbox"/> Enter Employment			
<input type="checkbox"/> Retain Employment			
SECONDARY NRS	SET	TARGET	MET
<input type="checkbox"/> Increase Involvement in Child's Education			
<input type="checkbox"/> Increase Involvement in Child's Literacy Activities			
STATE	SET	TARGET	MET
<input type="checkbox"/> Obtain Career Readiness Certificate (CRC)			
<input type="checkbox"/> Obtain Citizenship			

* GED TESTING No. _____

** POST-SECONDARY No. _____

REVIEWER AND FOLLOW-UP

Reviewer Initials _____	Follow-up Type _____	Date _____
Reviewer Initials _____	Follow-up Type _____	Date _____
Reviewer Initials _____	Follow-up Type _____	Date _____
Reviewer Initials _____	Follow-up Type _____	Date _____

STUDENT ASSESSMENT INFORMATION

STUDENT NAME _____ STUDENT No. _____

NRS ACCOMMODATIONS

IDENTIFY ALL ACCOMMODATIONS GRANTED AND TEST-TAKING AIDES USED DURING TESTING:

APPROVED ACCOMMODATIONS

- | | |
|--|--|
| <input type="checkbox"/> Extended Time ____ 1½x ____ 2x | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Private Room | <input type="checkbox"/> Audio Version |
| <input type="checkbox"/> Use of Calculator (Standard or Talking) | <input type="checkbox"/> Braille Version |
| <input type="checkbox"/> One Test per Day | <input type="checkbox"/> Large Print Version |

TEST-TAKING AIDES

- | |
|--|
| <input type="checkbox"/> Magnifying Glasses/Lenses |
| <input type="checkbox"/> Overlays |
| <input type="checkbox"/> Straight-edge |
| <input type="checkbox"/> Adhesive notes/flags |
| <input type="checkbox"/> Highlighters |

Certified Assessor Name _____
 Certified Assessor Name _____
 Certified Assessor Name _____

Assessment Date _____
 Assessment Date _____
 Assessment Date _____

NRS ASSESSMENT INFORMATION

No.	DATE	TYPE	SUBJECT	FORM/LEVEL	PRE/POST	SCALE SCORE	EFL	ACCOM.
1								<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
4								<input type="checkbox"/>
5								<input type="checkbox"/>
6								<input type="checkbox"/>
7								<input type="checkbox"/>
8								<input type="checkbox"/>
9								<input type="checkbox"/>
10								<input type="checkbox"/>
11								<input type="checkbox"/>
12								<input type="checkbox"/>

OPT Testing Information

Test	Date	Form	Scale Score	Passed	Date	Form	Scale Score	Passed
Language Arts - Writing				<input type="checkbox"/>				<input type="checkbox"/>
Social Studies				<input type="checkbox"/>				<input type="checkbox"/>
Science				<input type="checkbox"/>				<input type="checkbox"/>
Language Arts - Reading				<input type="checkbox"/>				<input type="checkbox"/>
Mathematics				<input type="checkbox"/>				<input type="checkbox"/>
Total				<input type="checkbox"/>				<input type="checkbox"/>

NON-NRS ASSESSMENT INFORMATION

NUMBER	DATE	TYPE	SUBJECT	FORM/LEVEL	PRE/POST	SCALE SCORE
1						
2						
3						
4						
5						

STUDENT CLASS ENROLLMENT AND ATTENDANCE

STUDENT NAME _____ STUDENT No. _____

ENROLLMENT

Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____

ATTENDANCE – CONTACT HOURS

DAY	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUN.	TOTAL
1													
2													
3													
4													
5													
6													
7													
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29													
30													
31													
TOTAL													

I certify that the hours reported are correct and accurate.

Staff Signature _____ Date _____